w/r

WELFARE in REVIEW

January-February 1971
Volume 9—Number 1

MDTA Training and AFDC Recipients

Drug Abuse and Alcoholism

Income and Poverty 1959-68

U.S.
DEPARTMENT
OF HEALTH,
EDUCATION,
AND WELFARE

Social
and
Rehabilitation
Service

WELFARE in REVIEW

JANUARY-FEBRUARY 1971

Training and Employability
The Effects of MDTA on AFDC Recipients 1
Edward Prescott, William Tash, and William Usdane

Drug Abuse and Alcoholism
Implications for Rehabilitation and Social Welfare 7
Abraham S. Levine

Income and Poverty 1959-68 13
Alexander Radomski

Research Notes
Effects of the Earnings Exemption Provision on AFDC Recipients . . . Andrew K. Solarz 18
Public Assistance in September 1970 20

New Publications 22

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ELLIOT L. RICHARDSON, Secretary
SOCIAL AND REHABILITATION SERVICE
John D. Twiname, Administrator
Ward F. Porter, Acting Chief
Intramural Research Division
Catherine P. Williams, Editor
Ellen W. Johnson
Editorial Assistant

Published bimonthly by the Office of the Administrator, Social and Rehabilitation Service.

Use of funds for printing was approved by the Bureau of the Budget, April 17, 1969. Contents not copyrighted.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Price $1.75 a year; $2.25 for foreign mailing; single copy, 35 cents.

Training and Employability

The Effects of MDTA on AFDC Recipients

Edward Prescott, William Tash, and William Usdane

Research findings reported in *Welfare in Review* about the employability of men and women receiving aid to families with dependent children (AFDC) indicate that their personal characteristics differ little from those of other poor persons.[1] The data also indicate that limited job skill is the first obstacle to the employment of men,[2] as is the lack of child care to the employment of women; and that the AFDC recipients who do become self-supporting generally have more education and work experience than those who do not, regardless of race.[3] [4] [5]

In this article we examine the effects of training in a skilled occupation on the employability of AFDC recipients. In our analysis we use enrollment, termination, and followup data (3 to 6 months after termination) for 4,024 persons who were AFDC recipients when entering a Manpower Development and Training Act (MDTA) program in fiscal year 1968 (July 1, 1968-June 30, 1969) and who eventually completed a program successfully. Training was provided in well over a 100 distinct job categories, including such major classifications as secretary, X-ray technician, practical nurse, welder, mechanic, barber, beautician, cook, autobody repairman, and draftsman. Training averaged, for the most part, between 16 and 52 weeks. Data on those who did not complete a program, about a third of all who enrolled, are not included because none on their posttraining employment are available.[6]

Dr. Prescott *is Assistant Professor of Economics, Wharton School, University of Pennsylvania in Philadelphia.* **Dr. Tash** *is a social science adviser on the staff of the Assistant Secretary for Policy, Evaluation, and Research, U.S. Department of Labor.* **Dr. Usdane** *is Assistant Commissioner, Office of Program Development, Rehabilitation Services Administration, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. He was formerly Director of Evaluation, Office of the Assistant Secretary for Policy, Evaluation, and Research, U.S. Department of Labor.*

The program authorized by MDTA is probably the oldest extant Federal manpower training program, dating back to March 1962. Though originally designed to provide occupational retraining for adult workers displaced from the labor force by technological changes, with the launching of the various antipoverty programs in the mid-1960's its emphasis shifted to serving economically disadvantaged persons. The original act requires the Secretary of Labor to determine how many skilled workers the Nation needs and in what fields they are needed and to promote broad training programs to equip workers with the skill they need. Amendments authorize programs in basic education and prevocational training, higher training allowances, extension of occupational training up to 2 years (originally limited to 52 weeks), and the liberalization of general eligibility requirements to enroll any apparently employable person.

As a consequence of the liberalizing amendments, the number of poor persons taking part in MDTA has increased significantly—especially among public assistance recipients. Between 1963 and 1969, for instance, the percentage of enrollees who were public assistance recipients of some kind increased from 8 to 13.[7] Yet, though MDTA programs are longer than most training programs for the disadvantaged and a large number of public assistance recipients have been enrolled in them, few studies have attempted to assess the effects of training for a skilled occupation on this group of people. Our study, then, represents a first step toward such an evaluation.

Methodology and the persons studied

The records of public assistance recipients entering programs in fiscal year 1968 were selected for analysis because they contain the most recent complete information on posttraining earnings for persons completing

training. Under the present system of administration, the 2,400 field employment service offices of the Department of Labor fill out questionnaires about each enrollee's characteristics and date of completing training and 3- and 6-month followup forms. Completed questionnaires and forms are sent to the Washington office for editing and processing for computer tabulation.

Data for our study were secured from these forms. The group of persons selected represent all persons enrolled in MDTA training programs in fiscal year 1968 who received some form of public assistance immediately before entering the program. As pointed out, our focus of analysis is on those who completed training successfully.

As one of the first questions of the study was whether the persons selected for study were similar to other public assistance recipients, we first compared their demographic characteristics with those of other adult AFDC recipients. Our premise was this: if the characteristics of the two groups overlapped considerably, training for skilled occupations such as MDTA offers might well be beneficial to a much larger proportion of public assistance recipients not being trained. Comparative data were secured to test this premise from the 1967 national sample of public welfare agency records on AFDC families conducted by the National Center for Social Statistics (NCSS), Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.[8]

Characteristics of the persons studied

To determine how closely the MDTA trainees in the study resembled all AFDC adult recipients, NCSS and MDTA data were compared for such items as sex, race, education, and number of dependents. The more significant results are listed below.

- As tables 1 and 2 suggest, the MDTA group had a higher proportion of men than the general group and the men in it had more education than in general. Table 3 further suggests that the MDTA group less frequently had only one dependent and more frequently had five or more, but the difference is not really significant (in most cases the differences are statistically significant, but given the sample size lack of such differences would be surprising).

- The sample women with dependents were not typical in one way: *each had a friend, relative, or community agent available to provide care for her children while she was away from home.* The MDTA program did not generally provide day care facilities: only if it had would generalization on this point to all public assistance mothers be reasonable.

Table 1. Comparison of MDTA trainees completing program who were AFDC recipients when entering the program with heads of AFDC households, by sex

Sex	MDTA trainees		Heads of AFDC households	
	N	Percent	N	Percent
Men	1,311	32	218,414	17
Women	2,713	68	1,018,528	83
Total	4,024	100	1,236,942	100

Table 2. Comparison of men completing MDTA training who were AFDC recipients when entering the program with all AFDC-unemployed fathers, by education

Education by grade	Men with dependents completing MDTA		AFDC-unemployed fathers	
	N	Percent	N	Percent
0-8	361	38	28,007	51
9-11	415	43	17,947	33
12+	198	19	8,762	16
Total	974	100	[1] 65,624	100

[1] *Includes 10,844 men whose educational level was unknown.*

Table 3. Comparison of women completing MDTA training age 22-44 who were AFDC recipients when entering the program with all AFDC families with one adult recipient, by number of dependents

Number of children or dependents	AFDC women trainees age 22-24 with dependents		AFDC families with one adult recipient	
	N	Percent	N	Percent
1	247	14	238,315	24
2	397	23	231,169	23
3	370	22	189,238	19
4	285	16	139,068	14
5+	428	25	202,925	20
Total	1,727	100	1,000,715	100

With these exceptions, based on the comparison of NCSS and MDTA data and other comparisons, we found that the characteristics of the two groups overlapped considerably. The MDTA trainees were in respect to the

items used for comparison typical AFDC adult recipients.

Outcome for the trainees

The pretraining and posttraining work histories of four main groups of public assistance recipients were reviewed: men 22-44 years of age with dependents; women 22-44 years of age with dependents; young workers of both sexes under 22 years of age; and older workers, both men and women, 45 years of age and older. Because 22-44 is the prime work force age, data on the first two groups were further broken down by education and race. Sex, education, and number of dependents were also selected for analysis because they are generally considered to be characteristics that strongly affect a person's employability.

Men 22-44 years of age with dependents. As table 4 shows, men in the prime work force age category with dependents made impressive posttraining employment gains: over 75 percent more Negro men with a high school education or better and nearly 70 percent more white men with that much education were employed 3 to 6 months after completing training than were employed when the training began. Though the number was too small to determine net changes in hourly earnings for all groups in the category, the available data suggest that they were also impressive. Posttraining hourly earnings for Negro men were, in fact, higher than those of white men in each of the education groups. And as table 4 suggests, they had obtained jobs with good pay, considering the jobs were entry level and that the men had scant training and education.

Table 4. Outcome for men age 22-44 with dependents who completed MDTA training and who were AFDC recipients when entering the program, by education and race

Outcome measures N = 665	Changes by education and race					
	0-8 years of schooling		9-11 years of schooling		12 years or more	
	White	Negro[1]	White	Negro	White	Negro
N =	199	43	79	100	94	50
Pretraining employment (percent)	.12	.09	.10	.09	.07	.02
Posttraining employment rate (percent)	.57	.66	.60	.74	.75	.78
Net employment change (percent)	.45	.45	.50	.65	.68	.76
Percent employed in training-related jobs	.74	.74	.80	.73	.87	.79
Previous hourly earnings (adjusted)	$2.26	--	$2.38	$1.93	$2.18	--
Posttraining hourly earnings	$2.68	$2.88	$2.72	$3.02	$2.81	$3.10
Net change (adjusted)	+$0.42	--	+$0.34	+$1.09	+$0.63	--

[1] *Other races were not considered.*

Women 22-44 years of age with dependents. As table 5 indicates, posttraining employment gains for women in this group were also impressive. They were highest for high school graduates—both Negro and white—and lowest for those with only eight grades of education or

Table 5. Outcome for women age 22-44 with dependents who completed MDTA training and who were AFDC recipients when entering the program, by education and race

Outcome measures N = 1,727	Education and race					
	0-8 years of schooling		9-11 years of schooling		12 years or more of schooling	
	White	Negro[1]	White	Negro	White	Negro
N =	66	143	223	425	321	380
Pretraining employment rate (percent)	.11	.13	.13	.09	.10	.12
Posttraining employment rate (percent)	.42	.55	.62	.55	.71	.65
Net employment change (percent)	.31	.42	.49	.46	.61	.53
Unemployment rate (percent)	.45	.38	.28	.37	.21	.30
Percent employed in training-related jobs	.71	.77	.89	.82	.94	.91
Previous hourly earnings (adjusted)	$2.04	$1.47	$1.59	$1.58	$1.66	$1.68
Posttraining hourly earnings (adjusted)	$1.77	$1.99	$2.04	$2.02	$2.22	$2.21
Net change (adjusted)	-$0.27	+$0.52	+$0.45	+$0.44	+$0.56	+$0.53

less. Yet the net gain in employment of well over 30 percent even for Negro women without a high school education is impressive, considering the poor employment potential usually ascribed to this group.

The net changes in hourly earnings were also substantial for all women, with the exception of white women with 8 years of education or less. The small number in this category (66) might account for this unexpected variation. When the posttraining hourly earnings are adjusted for annual increases in wages, all groups were earning substantially above the minimum wage and persons with a high school education significantly so. These findings seem to modify Carter's findings that women workers with relatively little work skill are destined to low paying jobs.[9]

Of course, jobs with average hourly wages between $2.68 and $3.10 for men and between $1.77 and $2.22 for women are not the best of jobs, but they are not the worst either. Moreover, they were entry level jobs; the men and women holding them could be expected to earn more in time.

Between 74 and 80 percent of the men and between 71 and 91 percent of the women were working in jobs related to the MDTA training, according to employment service interviewers. Not surprisingly, high school graduates were more frequently holding training-related jobs.

Young men and women (under 22). As table 6 indicates, young men did substantially better after training than young women, yet both groups were employed well over 50 percent of the time after training. Probably bias within the job market against young women with dependents adversely affected the employment prospects of the young women considered in the study. Too, some of them may have been hindered from taking certain jobs because they needed to be with their children.

Both young men and women were earning well above the minimum wage 6 months after training, though the young men were earning substantially more and at significantly higher hourly rates. Yet the young men were working much less frequently in jobs related to training than the young women.

If the changes in curriculum many college students make are evidence of occupational uncertainty, then the young persons studied were probably no more or no less fickle than others of the same age. Even though MDTA was less successful in preparing young men for specific skilled occupations than intended, it did enable many of them to get jobs paying well above the minimum wage.

Table 6. Men and women under 22 who completed MDTA training and who were AFDC recipients when entering the program, by outcome measures

Outcome measures N=854	All young workers	
	Men	Women
N=	256	598
Pretraining employment rate (percent)	.15	.12
Posttraining employment rate (percent)	.68	.57
Net employment change (percent)	.53	.45
Percent employed in training-related jobs	.65	.86
Previous hourly earnings (adjusted)	$1.69	$1.58
Posttraining hourly earnings	$2.54	$1.98
Net change (adjusted)	+$0.85	+$0.40

Older men and women. Over 50 percent of the men and women 45 and over who completed an MDTA program were working at the time of followup: for both men and women a net employment change of 39 percent. See table 7.

Both groups were averaging wages well above the minimum. Considering the relatively low pay of their pretraining jobs, a fact their employment histories made clear, these results are encouraging for both earnings and the numbers employed.

As in the other age groups, women were much more frequently employed in jobs related to training than men.

Though the posttraining employment rates clearly suggest that many persons of this age do not find

Table 7. Men and women, 44 years old and over, who completed MDTA training and who were AFDC recipients when entering program, by outcome measures

Outcome measures N=451	All older workers	
	Men	Women
N=	187	264
Pretraining employment rate (percent)	.11	.12
Posttraining employment rate (percent)	.50	.51
Net employment change (percent)	.39	.39
Percent employed in training-related jobs	.58	.83
Previous hourly earnings (adjusted)	$1.93	$1.58
Posttraining hourly earnings (adjusted)	$2.48	$2.02
Net change (adjusted)	+$0.55	+$0.44

employment even after MDTA training, the results are not unexpected. It is hard for persons this old to find employment. Men over 45 who have held executive positions and have impressive employment records frequently find it difficult to obtain new employment once released from a job. Can MDTA training be expected to yield anywhere near 100 percent success—or even nearly so high a success rate as for the other groups—for persons this old? Nearly everyone in the sample group had been unemployed before training, and lack of current work experience was an added handicap. But the statistics suggest that MDTA training can substantially improve the employment situation for many such persons and can very probably improve the "employability" of others who seek employment under more favorable labor market conditions than may have prevailed for some of the older men and women in the sample.

General findings

In summary, the data produced four significant general findings:

- AFDC recipients who completed the program were typical of many other AFDC recipients for sex, race, education, and number of dependents.

- The kind of training offered did significantly increase the employment and hourly earning rates for persons completing a program.

- Every kind of person entering and completing training—men and women, young and old, Negro and white, high school graduates, and school dropouts—benefitted from training. Though the men who were high school graduates and in the prime work force age group (22-44) fared better after training than any other group of trainees, all groups benefitted. In fact, no person employed at the time surveyed, whichever group he or she was in, was averaging less than the minimum wage or was employed less than half the time.

- Generally, the proposition held by Carter and others that training for a skilled occupation increases the employability of AFDC recipients was sustained.

Though the present survey did not collect information on the personal gains of trainees who were unemployed at the time of followup, other studies on MDTA trainees indicate that such gains occur.[10] Gurin, for example, after conducting a survey of 6,000 former MDTA participants, concluded that most trainees "have very positive feelings about the experience," "felt the experience was useful," and thought "that going to the training class had an important impact on their lives." Undoubtedly, the remedial training, counseling, and other supportive services provided in the program had good effects on the trainees.

Implications

As the proposed Family Assistance Plan (FAP)[11] envisions training many public assistance recipients, current data suggest that many such recipients are employable after training and that such a policy will be fruitful. Yet, at the same time, it must be noted that some of the persons included in the study who had been selected for MDTA training were not able to get jobs in private industry when training was completed. Perhaps programs offering more supportive help during training would be a better solution than the present provisions of MDTA for such people.

Certainly, child care provisions for women workers, as proposed by FAP, remedial health care, and vocational rehabilitation services substantially beyond those now provided under MDTA are needed for certain hard-to-employ persons. Perhaps, too, we should continue to foster other social solutions to unemployment such as increased unemployment insurance coverage, higher income supplements for those unable to find work, and a policy to enhance the homemaker's role for women not suited for employment outside the home because of family responsibilities.

It also seems clear that, though employed trainees enjoy higher wages, many will continue to need some economic support to keep their families at or above minimum subsistence levels. For an AFDC family consisting of one adult and three children,[12] the family head must earn at least $1.80 per hour, 40 hours a week, 52 weeks a year to remain above the poverty level.[13] Thus for many families employment will mean reduced dependency rather than complete withdrawal of public assistance.

Two recent innovations in program design have also improved the capability of the MDTA program and the Employment Service to better serve AFDC and other disadvantaged participants. The first was the establishment of computerized job banks in over 50 metropolitan areas in 35 States in 1970. Daily under this system job vacancy information is received from employers, processed by computers, and printed out and distributed to a network of public and nonprofit employment offices. Thus job counselors have a much broader, more current, and precise description of job openings to give trainees seeking placement assistance after completing

programs. The second is the incorporation of the "employability team" idea, which permits a team of counselors, job developers, and coaches to give hard-to-place applicants intensive assistance.

This is not to imply that under an improved delivery system and expanded manpower program nearly 100 percent placements can be expected. As pointed out by Greenleigh Associates and others,[14] the typical AFDC recipient faces many major barriers to employment—there is not, nor can there be, any simple training solution. Yet the initial results are promising, and the steps needed for training improvement are clearer than ever before.

---

[1] *Genevieve W. Carter, "The Employment Potential of AFDC Mothers: Some Questions and Some Answers,"* Welfare in Review, *July-Aug. 1968 (based on data from the Women's Bureau, U.S. Department of Labor).*

[2] *Martin Warren and Sheldon Berkowitz, "The Employability of AFDC Mothers and Fathers,"* Welfare in Review, *July-Aug. 1969.*

[3] *Harold A. Morse, "Measuring the Potential of AFDC Families for Economic Independence,"* Welfare in Review, *Nov.-Dec. 1968.*

[4] *Perry Levinson, "How Employable Are AFDC Mothers?"* Welfare in Review, *July-Aug. 1970.*

[5] *Irene Cox, "The Employment of Mothers As a Means of Family Support,"* Welfare in Review, *Nov.-Dec. 1970.*

[6] *The chances of completion for AFDC recipients at entry were almost identical to those of trainees not receiving public assistance.*

[7] *Manpower Report of the President, transmitted to the Congress, Mar. 1970.*

[8] Findings of the 1967 AFDC Study: Data by State and Census Division; Part I: Demographic and Program Characteristics, *NCSS Report AFDC-3 (67), National Center for Social Statistics, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.* Findings of the 1967 AFDC Study: Data by State and Census Division: Part II: Financial Circumstances, *NCSS Report AFDC-4 (67), National Center for Social Statistics, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. See also David B. Eppley, "The AFDC Family in the 1960's,"* Welfare in Review, *Sept.-Oct. 1970.*

[9] *Carter, op. cit.*

[10] *See "Toward a Full Opportunity for Every American: The President's Proposals for Welfare Reform," and "Three Messages to the Congress: I. Welfare Reform; II. Manpower Training,"* Welfare in Review, *Sept.-Oct. 1969.*

[11] *The Family Assistance Plan would provide a nationwide guaranteed income for all "poverty" families. All applicants, however, would be required to register with the Federal-State employment service for job placement or training (except children, the disabled, and mothers with preschool children). Day care centers would be provided for working mothers and mothers in training. For the "working poor" the Federal Government would provide "income supplements" up to a specified "break even" point so that a head of a family would not lose his family security allowance until his private income exceeded a specified "above poverty" level.*

[12] *The average AFDC family consists of one adult and three children. See* Findings of the 1967 AFDC Study: Part I. Demographic and Program Characteristics, *NCSS Report AFDC-3 (67), U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics, July 1970.*

[13] *According to the Poverty Income Guidelines established by the Office of Economic Opportunity, as of Jan. 1971, a nonfarm family of four requires $3,800 annually.*

[14] *See "Impediments to Employment," Greenleigh Associates, Nov. 1969 (prepared for the U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service). See also "Welfare Policy and Its Consequences for the Recipient Population: A Study of the AFDC Program," Bureau of Social Science Research, Inc., Dec. 1969 (prepared for the U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service).*

Drug Abuse and Alcoholism | Implications for Rehabilitation and Social Welfare

Abraham S. Levine

Millions of persons in the United States take drugs and alcohol to excess, a fact that everyone who reads current periodicals and books or listens to television and radio knows. Drug abuse is a particularly popular subject just now, as well it might be. We do not have an accurate count of how many persons are drug abusers, but we do know that there are from 6 to 8 million alcoholics and that alcoholism is the Nation's number four health problem. Add to these figures the members of their families, and we have 25 million persons affected by alcoholism. The number of drug abusers is hard to pin down, but it is safe to estimate that their number is also in the millions. In any case, drug abuse looms as a paramount problem for the Nation, not only for medical practitioners and persons in allied professions but also for rehabilitation counselors and social workers.

My purpose here is to review the problems of drug abuse and alcoholism for persons working in the fields of rehabilitation and social work and to suggest the kinds of research needed to help solve these problems. I include alcoholism not just because it is a common type of substance abuse but also because it is similar in many ways to drug abuse, and what we know about its cause, effects, and cure can point the way to the development of treatment and intervention methods for working with drug abuse. The article concludes with a bibliography of pertinent books and publications.

Dr. Levine is Acting Chief, Division of Research and Demonstrations; Office of Research and Demonstrations; Administration for Planning, Research, and Training; Social and Rehabilitation Service; U.S. Department of Health, Education, and Welfare.

This paper was read by two staff members of the Office of Research and Demonstrations, Leonard R. Green and Beverly W. Bell.

. . . A new problem?

Is drug abuse a "new" as well as "now" problem? A quick look at history dispels the idea. In August 1867, shortly after the Civil War, an article in *Harper's Magazine* reported: "The habit is gaining ground among our professional men, our weary women, clerks, former liquor drunkards, day laborers, who a generation ago took gin. All our classes from the highest to the lowest are yearly increasing their consumption of the drug [opium]."

Abuse from then until the second half of the 20th century could also be traced, but the problem as we know it today began about 1950. Young people, mainly from the ghettos, turned in great numbers during the 1950's to addicting drugs. Society made little response. White America just kept drinking and smoking as usual and thought of drug abuse as someone else's problem.

By the 1960's, however, drug users included persons from the middle and upper classes. They took "uppers," or stimulants, for depression and fatness. They took "downers," or depressants, to combat overanxiety. They consumed LSD and related drugs to expand consciousness and sleeping pills to extinguish it. And nobody knows why. There are many surmises, of course, ranging from the label "age of anxiety" to the tenets of Timothy Leary's New American Religion, but perhaps it was just the availability of so many drugs. How the ancient Romans with their addiction to sleeping potions as well as "sweet Falernian wine" would have envied us our pharmacopoeia! In addition to the barbiturates, there are about 200 compounds on the market, available by open sale or by prescription, to induce sleep.

In the 1950's professional people as well as amateur Freuds thought that persons with particular kinds of personalities—addictive personalities with psychological

as well as economic dependency problems– turned to drugs. In the 1960's, when both the young and the old were deploring the "gap" between them, the sociological disease "alienation" was blamed for the misuse of drugs.

So far in the 1970's, it looks as though more people than ever will be using drugs for other than prescribed medical treatment, especially teenagers. But all age ranges and classes of people are found among drug abusers. With alcohol the middle-aged may be the greatest abusers because it takes years to build up a tolerance and to cross the line of addiction. With heroin it may be young persons in the ghetto (over half of the addicts are under 21), but heroin is also becoming popular with the young in middle and upper class communities.

Government leaders seem to be strongly given to the belief that drug abuse will grow. The result has been a marked increase in treatment, research, and educational and preventive programs. However, though more research on drug abuse is necessary, research in another direction is also necessary. Call it psychosocial: what it boils down to is finding ways for people to live with themselves and with each other in our complex environment. Psychosocial research not only must center on preventive measures and ways of stopping abuse if the measures fail, it must also generate therapeutic alternatives for the person abusing drugs and for his family and community. Here we are talking about effective service delivery systems, which are the central theme of the research and demonstration efforts the Social and Rehabilitation Service (SRS), U.S. Department of Health, Education, and Welfare, is mounting.

What is drug abuse?

Drug abuse is a generic term and refers to the taking of a deleterious quantity of any drug regularly over a considerable period of time. *Drug dependency* refers to psychological addiction; *drug addiction* to both physiological and psychological dependency.

For the drug addict, the symptoms of withdrawal from the opiates (narcotics) and their derivatives include irritability, depression, extreme nervousness, abdominal pain, and nausea, all ranging from mild to severe. Abrupt withdrawal from alcohol, here considered a drug (in chronic or acute alcoholism), will result in a type of psychosis known as delirium tremens, the effects of which usually last from 2 to 10 days. The symptoms may include confusion, vivid visual hallucinations, fear, apprehension, restlessness, sleeplessness, and even convulsions similar to epileptic seizures. They will certainly include mild convulsions–the "shakes." Sudden withdrawal from barbiturates may cause convulsions, delirium tremens, and sometimes death. Withdrawal from an addiction to synthetic sleeping pills like placidyl, noludar, or doriden or tranquilizers like librium, valium, or miltown will have similar effects. Addiction, of course, means a massive dose (much higher than medically prescribed) taken regularly.

The drug dependent person on withdrawal is extremely uncomfortable but does not have delirium tremens or other manifestations of the withdrawal syndrome. But even if a drug produces only psychological dependency, it may be very dangerous. "Speed," or methedrine, can kill when taken to overdose, as can the addicting drugs such as heroin. Even alcohol can kill if drunk to extreme excess at one time.

The drugs used to abuse

Although we have produced hundreds of times as many different types of psychoactive drugs as any previous civilization and mostly in the last two decades, alcoholism is still by far the most common type of addiction. Roughly one out of every 10 or 12 persons who drink alcohol have reached the point of addiction, usually after years of heavy drinking. Many other persons are social drinkers, drinking occasionally, moderately or heavily. Although it usually takes a lot of drinking to become an alcoholic, more people achieve that state than drug addiction because alcohol is readily available and drinking is part of our way of life. But even in those heavy drinkers in whom the use has reached only the level of psychological dependency, heavy drinking may have a variety of ill effects. Only if a person crosses the line of physical addiction, which may be arrested but never cured, do we speak of alcoholism. Such a person may never drink again safely. The psychological effects of this state are well documented by an extensive literature. Of course, because of the generally slow buildup in tolerance, most alcoholics are in the second half of their short lives (past 35) and are represented by members of all social classes. For them normal life expectancy is reduced by an average of 12 years, and most of them (over 95 percent) are not on skidrow.

Generally speaking, the psychoactive substances, or mind drugs, that are used to abuse (because the user finds their initial effects, at least, agreeable) fall into two broad classes: the stimulants, or "uppers," and the depressants, or "downers." The most widely used stimulants are the amphetamines and marijuana, though

the psychedelic drugs, including LSD, mecaline, and psilocybin (and according to some experts, marijuana and hashish), are popular. The amphetamines, whose primary medical use is the curbing of the appetite, are abused primarily because of the energized feeling of well-being they produce. The psychedelic drugs appeal mostly because of their hallucinogenic or other mind-altering effects. The amphetamines and particularly the psychedelics are abused primarily by the young pretty much without class distinction, although psychedelic or hallucinogen abusers tend to be primarily from the middle class and amphetamine abusers from all classes.

The depressants as a group are even broader and can lead to addiction. They include the narcotics, or opiates; alcohol; the hypnotics (sleeping pills); and the minor tranquilizers. Of course, many of these substances when taken according to a physician's instructions may have beneficial effects. It is the regular abuse of such substances for a long enough time to cause addiction that leads to greater risks than benefits. Most abusers obtain their supplies illegally or have learned how to use several physicians to obtain enough pills to meet their needs. The tranquilizers and hypnotics are abused by all age group and classes. But the young (under 25) tend to prefer stimulants and older persons depressants. At the same time, many abusers take depressants at night to help them sleep and stimulants in the morning to "get going." Such a practice may become particularly vicious because of the rapidly escalating dosage in both types of drugs that becomes necessary to maintain some sort of equilibrium.

"Acid heads" (persons using LSD) look down on "speed freaks," persons using methedrine, "the drug even hippies fear" *(Life,* October 27, 1967), because it disrupts social relations between users and their friends. They consider speed freaks as little better than old-time junkies—dangerous, erratic people who aren't to be trusted.[1]

The converging effects of paranoia, hyperactivity, emotional oscillations, and desperation (when supplies are not readily available) combine to make the scenes the speed user produces weird, sometimes violent. Nevertheless, there may be a relationship between LSD users and speed users. Thus Thomas Robbins reports that one young person said: "On acid your mind is blown apart. Speed makes you feel real logical and you think you can put it together again."[2] Yet we have support for the separability of psychedelic and amphetamine users. James Carey reports: "The social composition of those in the (drug) colony who use marijuana and LSD seems to be substantially the same. This is not so when we compare them with heavy amphetamine users. The heavy amphetamine user seems to be younger, may come from a lower educational strata in the community and seems to prefer the experience of 'going outwards' rather than 'inwards'."[3]

Not too long ago there was merit in trying to determine what personality types preferred which kinds of drugs. But now the drug scene has become confused in that many abusers take more than one drug. The reasons can vary widely from psychological dependency, feelings of estrangement or alienation, thrill-seeking, becoming a member of some ingroup, or any combination of these. Research indicates that the dope addict or alcoholic does not exhibit gross psychopathology before he becomes an addict or dependent on a drug.[4]

One unusual form of addiction involves the use of codeine and doriden (a synthetic sleeping pill), which produces a pleasant, mildly euphoric effect. Recently, 10 young men who were addicted to codeine-doriden presented themselves to the University of Pennsylvania Hospital for supervised withdrawal. Nine were between 19 and 21 years of age; the other was 34. All reported that the codeine-doriden "high" lasted about 8 hours. At first the effects increased sociability and helped the taker lose inhibition. But when the initial effects wore off, the side effects took over—dry mouth, blurred eyesight, inability to focus vision, urinary retention, nausea, vomiting, and constipation. After 4 to 6 hours of fitful sleep, they awakened with severe headaches, marked irritability, tremulousness, and muscular cramps. Withdrawal intensified the effects, and some had grand mal seizures.

Size and cost of the drug problem

More is known about the alcohol problem than the drug because better statistics are available. The cost to industry from lost work time due to alcoholism is about $17 billion a year, a sum larger than the gross national product of most countries of the world and a sizable fraction of our own. The human suffering of the alcoholic, his family, his friends, and his community is beyond calculation.

The dimensions of the drug problem have hardly been sketched out. Several hundred tons of barbiturates alone are manufactured in this country every year—enough to give every inhabitant one pill or capsule a week. I have already pointed out that there are more than 200 concoctions on the market to induce sleep. As most

persons who take pills are young, statistics on lost work days are difficult to gather. But the total cost in dollars and in human misery are almost beyond counting. Here we are talking about regular abuse (large quantities), not the occasional use of a sleeping pill as prescribed by a physician.

The estimated total number of heroin addicts in the United States in 1957 was about 60,000. Today the number is easily in excess of 100,000. As the drug habit costs the user from $30 to $100 a day—more than most persons can earn—drug abuse contributes significantly to the crime problem. However, the estimated number of drug users has varied through the years. By estimate in 1924 there were 110,000 addicts in this country, about twice as many as in 1957. Between 1930 and 1940 the number dropped, but the number of users has skyrocketed since World War II. Yet the amount of drug used by the average addict today is only a small fraction of that consumed by the addict in the 1920's because the price is so much higher now than then.

For all practical purposes there were no limitations on the sale of drugs in the United States until December 17, 1914, when the Harrison Narcotic Act became law. Not until 1965 was drug abuse legislation involving a host of mood-changing drugs enacted. Important as legislation may be, it appears to be only a part answer to the problem by providing a legal deterrent and raising the price of illegal drugs substantially.

The social costs of drug abuse are so great that many Government agencies have become concerned with the problems. SRS is particularly interested in the treatment and vocational rehabilitation aspects of the problem. But before vocational rehabilitation is possible, medical and psychological rehabilitation are necessary.

Methods of delivering complete treatment services are being developed. They call for the restoration of drug dependent people to adequate physical, emotional, and social vocational functioning. The total number of potential rehabilitants has not yet been determined because of the recency of some aspects of the problem. Also most abusers of the soft drugs deny or do not realize they have a problem. Heroin addicts, of course, are either afraid of the law or may not want to submit to treatment. A major goal of SRS' program is a progressive increase in the number of persons rehabilitated and a related cut in unit costs per rehabilitant if possible—that is, to develop the most cost-effective system possible to deliver comprehensive services.

What kinds of research are needed?

Before SRS mounts a program of research and demonstrations to determine which practices or service delivery systems would be effective for whom, and what kinds of services would be more effective than others, some gauge of what is known must be developed. Also certain kinds of research can be safely excluded from SRS programs because they are legitimately within the province of other agencies such as the National Institute of Mental Health.

The information we have indicates that most drug dependent persons are young and are at or near working age. The motivational determinants for the various types of drug dependency have at best been only partly established, and the picture is still far from clear. However, we do know that drug dependency may begin as a sociopsychological symptom but that when dependency sets in it usually becomes the major disabling condition. There are concomitant physical changes that add up to worsening health and aggravate the problem. Any personality malfunctioning also worsens and new psychological symptoms appear. These problems are now affecting even preadolescent children.

To obtain some balance and objectivity, let us look at the brighter side of the picture for a moment, though it is not exactly rosy. Most adolescent pill-takers are not drug-dependent; they are "experimentalists" or thrill-seekers who after awhile become disenchanted with drugs or, as they mature, grow out of the drug culture. Even drug dependent persons who survive for 5 to 10 years on the habit often begin to abstain without outside intervention. Recovery apparently begins with a desire to "help others" as well as with admitting to a problem and seeking help in solving it.

Organizations like Alcoholics Anonymous (A.A.) have used such motivation with considerable success as part of their programs. However, as successful as A.A. has been, it is coping with only a small fraction of the problem. U.S. membership in A.A. is only about 150,000 persons, 40 times less than the number of alcoholics. It follows that other ways of helping alcoholics are necessary. In some cases it is only necessary for heavy drinkers to cut down on the dosage. Psychological assessment rather than total abstinence is the touchstone. Many drinkers could continue to take a couple of, say martinis a day safely for the rest of their lives as long as they don't rationalize the consistent drinking of a large amount of alcohol for whatever reasons to the point of denying the problem.

As to drug abuse, several detoxification procedures are being used now. Usually they are successful in the short term but their long-term effects are spotty. There are no proved methods of procedures that can be applied to all drug-abusing persons. Actually, motivation is the greatest influence toward rehabilitation, and the only known complete cure for actual dependency (psychological or physical) is total abstinence.

The most accepted medical procedure is withdrawal from the addicting drugs by a gradual reduction in dosage, substituting less potent drugs. Abrupt withdrawal, or "cold turkey," is painful and may be fatal, particularly in barbiturate withdrawal. "Cold turkey" is often used medically, but the patient is given medication during withdrawal to alleviate the possibility of dangerous convulsive seizures or psychotic-like delusions and hallucinations.

To relieve addiction to hard drugs or narcotics, the synthetic—and controversial—drug methadone is often used. Methadone often relieves not only the craving for heroin and morphine, but taken in the proper dosage eliminates the euphoric effects of those drugs as well. It can be given orally, and it permits the patient to perform normally at work or in class. It may also be used as a maintenance drug, the patient thereby becoming addicted to a drug that is less expensive, safer, and legally controllable. The substituting of one addiction for another is more acceptable to more narcotic addicts than abstinence, and its use probably will reduce crime substantially. Even so, controversy rages over its use because abstinence is more morally defensible than the use of any kind of addictive drug. With methadone it is possible for the user to develop the motive to give up all drug abuse eventually, including methadone because it does not have the attraction of being a euphoriant.

We do know that standard psychotherapeutic intervention methods alone have not proved effective, nor have traditional educational methods been successful. Punitive methods, if anything, are counterproductive to rehabilitation. But the efficacy of a vocational rehabilitation method has not been systematically tested as a way to produce motivation as well as a high benefit-cost ratio, particularly because most abusers are young and have a long potential working life.

Research is certainly one of the big answers. This research (as well as demonstrations or pilot programs) should be in the service delivery field because most programs for drug addicts are ill-coordinated and there is plenty of room to make them more effective and even cost effective.

What forms should such research and demonstration efforts take? In considering this question, an SRS group of program and research people arrived at a number of testable hypotheses. These involved the use of former addicts as paraprofessional workers. The SRS group hypothesized that both preventive and rehabilitation programs would be more effective if more addicts were involved. They also hypothesized that casefinding using local workers, outreach methods, and advocacy will be more successful than traditional referral mechanisms.

Another plausible hypothesis for SRS research is that a readily accessible center with a comprehensive scope of services (medical, psychological, counseling, peer "rapping" sessions, vocational rehabilitation, and the like), which may be differentiated according to the type and stage of drug dependence being treated, will achieve more effective and economically efficient and lasting rehabilitation success than fragmented services. Such programs should use local community facilities with outpatient services. The objective of such a center is to provide a rehabilitation complex that is more cost-effective than any system now in effect for the spectrum of drug dependency cases and escape from such dependency. This theory also rests on the knowledge that when therapists use eclectic and individually tailored methods, the results are more successful than when they use a single psychotherapeutic method.

Escape into what?

Why recover from drug dependency? Is there something to come back to? These questions require intelligent, far-reaching answers. Having more effective and less painful medical means of detoxification and even better psychological and counseling methods are not enough. Even being healthier and having a good job is not a sufficient answer for many of the young (although we can still sell the idea to some of the middle-aged persons who wander into A.A. after being through hell). The young need answers that go beyond the escape from pain and even the comradeship of their fellows.

After detoxification, which is largely a medical problem regardless of the dependence and the age of the person being treated, the major problem is still motivation. To find what will motivate the drug addict to give up the habit is the great challenge to research. We must determine what services are worth delivering and in what combinations, for what motivates one person may not motivate another. The answers to such basic questions must come from a variety of research programs, including those sponsored by the National Institute of Mental Health as well as the Social and Rehabilitation Service.

A look at the bibliography

Although I have proposed research into new methods of counseling and psychological intervention such as peer group dynamics and the use of former addicts, in whatever combination necessary, some of the classical methods may still be effective in many cases as long as they are used eclectically. A good discussion of these classical methods can be found in *Understanding and Helping the Narcotic Addict,* by Tommie L. Duncan (see bibliography). For succinct but authoritative medical as well as psychological discussions of drugs and alcohol, see *Drugs: Medical, Psychological and Social Facts,* by Peter Laurie; *Alcoholism,* by David J. Pittman; and *Drugs and Alcohol,* by Kenneth L. Jones, Louis W. Shainberg, and Curtis O. Byer. The best is probably *Drugs and Alcohol.* For the best account of the entire story of drug addiction, from entrapment to ultimate freedom, see *Escape From Addiction,* by R. Gordon Bell. In addition to considering such subtle medical practices as cross-tolerance (building up a tolerance for related substances; for example, alcohol, the tranquilizers, and hypnotics), it contains an advanced discussion of a complete socio-psychological-medical milieu treatment that has apparently been successful in Canada. For light but informative general reading, see *Mind Drugs,* by Margaret O. Hyde.

My intention in offering the bibliography is to get the rehabilitation counselor or the caseworker to travel the road to understanding of a complex problem with which he may have to grapple. These books offer a balanced look at drug addiction and alcoholism in light of what we know—and need to know—about the problems.

---

[1] *Nicholas von Hoffman,* We are The People Our Parents Warned Us Against, *Chicago, 1968.*
[2] *Thomas Robbins, "Characteristics of Aphetamine Addicts,"* International Journal of the Addictions, *June 1970.*
[3] *James T. Carey,* The College Drug Scene, *New York, 1968.*
[4] *Tommie L. Duncan,* Understanding and Helping the Narcotic Addict, *Englewood, N.J., 1965.*

BIBLIOGRAPHY

Bell, R. Gordon, *Escape From Addiction* (New York: McGraw-Hill), 1970.

Carey, James T., *The College Drug Scene* (New York: Prentice-Hall), 1968.

DiGiacomo, Joseph N., and C. Lawrence King, "Codeine and Glulethimide Addiction," *International Journal of the Addictions,* June 1970, pp. 279-285.

Duncan, Tommie L., *Understanding and Helping the Narcotic Addict* (Englewood: Prentice-Hall), 1965.

Hyde, Margaret O., ed., *Mind Drugs* (New York: McGraw-Hill), 1968.

Jones, Kenneth L., Louis W. Shainberg, and Curtis O. Byer, *Drugs and Alcohol* (New York: Harper & Row), 1969.

Laurie, Peter, *Drugs: Medical, Psychological and Social Facts* (Baltimore: Penguin Books), 1967.

Pittman, David J., ed., *Alcoholism* (New York: Harper & Row), 1967.

Robbins, Thomas, "Characteristics of Aphetamine Addicts," *International Journal of the Addictions,* June 1970, pp. 183-193.

Von Hoffman, Nicholas, *We Are The People Our Parents Warned Us Against* (Chicago: Quadrangle Press), 1968.

Income and Poverty 1959-68

Alexander Radomski

Planning for comprehensive welfare reform will require careful study of national, regional, State, and local data on income and poverty. The most important source of such information is, of course, the decennial censuses of population, the latest of which was taken on April 1, 1970. But detailed information may not be available from the 1970 census for another year or two. Meanwhile, the best source of information is the annual income supplement to the *Current Population Survey* (CPS), based on a sample of 50,000 households conducted by the Bureau of the Census, U.S. Department of Commerce. From the CPS statistics we can determine how income is distributed, who gets how much, and the effects of such characteristics as race and sex on the income and poverty status of persons and families and can draw implications for income maintenance and public assistance programs.

Selected trends and implications

As brought up to date from time to time, CPS findings on the money income of persons may add significantly to the factual base on which sound planning of social welfare policies and programs can be made. There are two reasons for this: current information on the income and poverty status of families is based on the money income received by individual recipients in the first instance; and program efforts designed to move toward establishing a floor of income and services under every man, woman, and child in the Nation must increasingly be concerned with the number and characteristics of individual income recipients and nonrecipients, both within and outside families. In this article selected findings on the income of persons in 1968 are evaluated against related data for earlier years, 1959 and 1964, to provide some idea of the size and direction of recent changes and their effect on poverty and public assistance.

The trend data presented in the table indicate some of the more important changes that occurred between 1959 and 1968 in ways broadly related to the problem of low income and poverty. All of the money figures given in this table are in constant (1968) dollars. The poverty thresholds (which differ according to family size and composition and include a 15 percent discount with regard to farm families) used to count the number of poor persons are automatically adjusted each year by the Consumer Price Index.

The 9-year period covered here, except for the recession years of 1960-61, was largely marked by sustained economic activity, many job opportunities, and decreasing unemployment. The major changes from 1959 to 1968 are as follows:

- The base population of the Nation (comprising the civilian population residing outside institutions and members of the Armed Forces living off post or with their families on post in the United States) increased from about 176.5 to 197.7 million, or by 12 percent.
- The national aggregate money income rose from about $365.9 to $546.7 billion, or by 49.4 percent.
- The number of income recipients increased from 88.7 to 111 million (25.2 percent).
- The number of low income recipients rose by about 9.7 percent (from 43.1 to 47.3 million for those with incomes below $3,000; from 27.9 to 30.7 million for those with incomes below $1,500).
- The number of persons classified as poor under the Federal Interagency Standard[1] dropped from 39.5 to 25.4 million (35.7 percent).
- The number of public assistance recipients rose from 6.9 to 9.7 million (41.4 percent).

The seeming discrepancy between items three and four is explained by this fact: though the *percentage* of low income persons in the general population dropped because of increased population, the *absolute* number of low income persons increased.

Dependency ratios

Both the number and proportion of persons age 14 and over who receive income increased significantly in recent years in part because of the heavy influx of women and teenagers into the national labor force. The number of income recipients increased twice as fast as

Dr. Radomski is a social science analyst, Division of Intramural Research; Office of Research and Demonstrations; Administration for Planning, Research, and Training; Social and Rehabilitation Service; U.S. Department of Health, Education, and Welfare.

population from 1959 to 1968, and the number of women recipients increased 2.7 times as fast as men recipients.

The population increases were much less pronounced among white persons than among persons of other races (10.7 percent for white persons; 21.9 percent for others), especially for children under age 14 (1.5 percent for white children; 21.9 percent for others). The increase in the number of persons receiving income was smaller for white persons from 1959 to 1968 (24.7 percent for white persons; 29.4 percent for others). Yet the drop in the number of persons not receiving income age 14 and over was 10.4 percent among white persons (11.6 percent for women; 2.9 percent for men) as against 1.1 percent among all other races. The decrease for women without income who were not white was to a large extent offset by an increase of 18.7 percent for men (mostly in the 14-19 age group). Consequently, the proportion of all persons of income age (14 and over) who received no money income decreased from 28.2 percent in 1959 to 22.1 percent in 1968. Yet the proportion of men of minority races who received no income was about 11.7 percent in both 1959 and 1968. This fact suggests social and economic stagnation that can only be improved by the provision of more job opportunities, particularly for teenage boys.

The extent to which these changes reduced the ratio of persons not receiving income to those who did in all major segments of the population is as follows:

▸ The general dependency ratio of about 99 persons of all ages not receiving income per 100 recipients age 14 and over in 1959 dropped to 89 in 1964 and further to 78 in 1968.

•The dependency ratios were slightly lower for white persons: 98, 87, and 76.

•Among Negroes and members of other minority races, the ratio of persons without income per 100 recipients remained at around 106 between 1959 and 1964 but dropped to 94 in 1968.

▸ The number of children under age 14 per 100 income recipients dropped from 60 in 1959 to 56 in 1964 and to 50 in 1968.

•Among white persons the ratio of children decreased from 58 per 100 income recipients in 1959 to 53 in 1964 and to 47 in 1968, partly because the child population increased by only 1.5 percent over the 9 years.

•Among residual races, there were 73 children per 100 income recipients in 1959, 76 in 1964, and 68 in 1968 (the number of children in this population segment increased by 18.9 percent from 1959 to 1964 but only by 2.4 percent from 1964 to 1968).

▸ The number of persons of income age (14 and over) without income per 100 with income decreased from 39 in 1959 to 34 in 1964 and to 28 in 1968.

•For the white population the decreases were from 40 to 34 to 29.

•For all other races, the ratio decreases were from 33 to 30 over the first 5 years and to 25 over the next 4.

Income trends

Roughly, in constant purchasing power the per capita money income of the people of the United States increased by about a third from 1959 to 1968. This increase paralleled growth in the total output of goods and services, as money income usually represents a stable proportion (around 63 percent) of gross national product.

The table shows that, after allowance is made for a 19.4 percent rise in consumer prices, the real income of persons age 14 and over increased by nearly a half (49.5 percent) from 1959 to 1968. As the base population increased by about 12 percent over the 9 years, the per capita income rose by about a third (33.4 percent), from $2,073 to $2,765. With a 25.2 percent rise in the number of recipients, the real gain in average (mean) income per recipient amounted to about 19.3 percent. As measured by median income, half of all recipients in 1959 received more than $3,114, in 1968 half received more than $3,796 (22 percent above the 1959 median).

In constant (1968) dollars women's aggregate income increased more rapidly than men's between 1959 and 1968 (bv 76.7 and 42.4 percent). But the gain in average income was only slightly higher and raised the ratio of women's average to that of men's little: from 40.7 percent to 41.2 percent. Women's real median income was raised from about 31 percent of men's to 33.8 percent.

Men and women of minority races had by far the greatest gains in median income over the 9 years. The median income of white men increased the least (24.7 percent); the increase for white women was 32.6 percent. Using data for "races other than white" in 1959 and for Negroes only in 1968, the median income of men rose from $2,361 to $3,707 (57 percent); that of women from $966 in 1959 to about $1,649 in 1968 (70.7 percent).

As a result of the changes, the gap between median incomes narrowed. Using the median income for white men as 100, the median for men other than white stood at 47 in 1959 but rose to about 59 in 1968. For white women the change was from 31 to 33; for all other women from 19 to 26.

Despite the rising levels of income, the number of low income recipients actually increased by nearly a 10th from 1959 to 1968. As indicated in the table, the number of recipients with incomes below $3,000 rose by 9.7 percent and the number with incomes of less than $1,500 by 9.8 percent. As the total number of income recipients increased by 25.2 percent over the 9 years, the

incidence of incomes below $3,000 dropped from 48.6 to 42.5 percent and the incidence of incomes below $1,500 from 31.5 to 27.6 percent. Thus in 1968 there were about 8.8 million, or 15.7 percent, fewer persons with incomes below $3,000 and roughly 6 million, or 16.5 percent, fewer with incomes below $1,500 than

Estimates of base population, persons with and without income, money income in 1968 dollars, persons with low incomes, persons in poverty, and public assistance recipients: United States, 1959, 1964, and 1968 [1]

Persons with or without income	Income Year			Percent Change		
	1959	1964	1968	1959-1964	1964-1968	1959-1968
Base population (in millions)						
Total, all ages	176.5	189.7	197.7	7.5	4.2	12.0
Under 14	53.1	55.8	55.2	5.2	-1.0	4.1
14 and over	123.4	133.9	142.5	8.5	6.4	15.4
Without income						
Both sexes	34.8	33.6	31.5	-3.2	-6.5	-9.5
Men	5.1	5.5	5.1	7.2	-6.7	0.0
Women	29.7	28.2	26.3	-5.0	-6.5	-11.2
With income						
Both sexes	88.7	100.2	111.0	13.1	10.8	25.2
Men	54.3	58.5	62.5	7.8	6.8	15.1
Women	34.4	41.7	48.5	21.3	16.4	41.2
Money income in constant (1968) dollars						
Aggregate (billions)	$365.9	$446.9	$546.7	22.1	22.3	49.4
Average per recipient	4,127	4,459	4,924	8.0	10.4	19.3
Average per capita	2,073	2,356	2,765	13.7	17.4	33.4
Median income of recipients						
Both sexes	$3,114	$3,379	$3,796	8.5	12.3	21.9
Men	4,743	5,203	5,980	9.7	14.9	26.1
Women	1,469	1,656	2,019	12.7	21.9	37.4
Millions of recipients with low incomes in constant (1968) dollars						
Under $3,000						
Both sexes	43.1	47.0	47.3	9.0	0.6	9.7
Men	18.2	18.5	17.3	1.4	-6.6	-5.3
Women	24.9	28.5	30.0	14.6	5.3	20.7
Under $1,500						
Both sexes	27.9	30.7	30.7	9.9	-0.1	9.8
Men	10.5	10.9	10.2	3.4	-6.1	-3.0
Women	17.4	19.8	20.5	13.9	3.1	17.4
Millions of persons classified as poor by Federal Interagency Standard						
Total	39.5	36.1	25.4	-8.7	-29.6	-35.7
In families	34.6	30.9	20.7	-10.6	-33.1	-40.1
Unrelated persons	4.9	5.1	4.7	4.4	-8.7	-4.7
Millions of public assistance recipients as of December						
Total[2]	6.9	7.7	9.7	12.3	25.9	41.4
AFDC	2.9	4.2	6.1	43.2	44.3	106.6
OAA	2.4	2.1	2.0	-10.5	-4.4	-14.5
All other categories	1.6	1.4	1.6	-11.3	16.3	3.1

[1] *Base population, persons receiving income, and persons in poverty (including unrelated persons age 14 and over) are as of March of the following year; public assistance recipients are as of December of each income year. Percentages are based on unrounded figures.*
[2] *Includes aid to families with dependent children (AFDC), old-age assistance (OAA), aid to the blind (AB), aid to the permanently and totally disabled (APTD), and general assistance (GA). Source: Bureau of the Census, U.S. Department of Commerce,* Current Population Reports, *Series P-60, No. 35, Jan. 5, 1961; No. 47, Sept. 24, 1965; No. 66, Dec. 23, 1969; No. 68, Dec. 31, 1969; and unpublished data. Data on public assistance recipients are from National Center for Social Statistics, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare,* Trend Report *(A-4). 1969.*

would have been expected at the 1959 incidence rates. The major increase in the number of low income recipients occurred between 1959 and 1964, mostly among women. From 1964 to 1968 the decrease among men was largely offset by increases among women.

Poverty and public assistance

Though the number of low income recipients increased substantially from 1959 to 1968, the mix of income recipients and nonrecipients of all ages according to family status and relationship to family head was such that the number of persons classified as poor under the Federal Interagency Standard registered a sharp decrease from 1959 to 1968. The income of wives and other relatives, though often modest, boosted the incomes of many families above poverty thresholds. Undoubtedly, the increase in the number of women with income from 1959 to 1968 helped improve the family's economic standing as many of these women were family members.

Families headed by women, those with no earners or with only one earner, and families with three or more children were most likely to have incomes below poverty levels. Many of the low income families were headed by older persons, by part-time or part-year workers, and by persons who were unemployed, disabled, undereducated, or undertrained. Similar influences contributed to the low earning capacity of large proportions of unrelated persons, that is, persons living alone or with unrelated persons in households or in group quarters such as roominghouses, boardinghouses, dormitories, barracks, hotels, and residential clubs. And the effects of the substantial income differentials based on race and sex cut across all categories.

Allowing for price adjustments, the number of persons of all ages classified as poor under the Federal Interagency Standard decreased from 39.5 million in 1959 to 25.4 million in 1968.[2]

A total of 34.6 million persons lived in families officially classified as poor in 1959, as compared with 20.7 million in 1968 (a 40.1 percent decrease). The drop of 3.7 million family members classified as poor over the first 5 years was followed by a decrease of 10.2 million (33.1 percent) over the next 4.

Contrary to the downward movement in the number of poor persons, the number of public assistance recipients (see table) rose by 41.4 percent (from 6.9 to 9.7 million) between 1959 and 1968. As a result, the proportion of public assistance recipients rose from about 3.9 to 4.9 percent of the population base and from about 17.4 to 38.3 percent of the poor people in the population. Thus almost two out of every five poor persons were public assistance recipients in 1968.

As indicated in the table, the number of recipients of aid to families with dependent children (AFDC) more than doubled over the period, rising from 2.9 to 6.9 million, as did the number of persons assisted under the program of aid to the permanently and totally disabled (APTD), which climbed from 346,000 to 702,000. Meanwhile, the number of recipients under the other public assistance programs decreased: under old-age assistance (OAA) from 2.4 to 2 million (14.5 percent); under general assistance (GA) from 1.1 to 0.8 million (25.3 percent); and under aid to the blind from 108,000 to 80,700 (25.3 percent).[3]

What has been considered the mystery of rising public assistance caseloads (and costs) over a period of record-high prosperity is at least partly explained by the high incidence of poverty precisely among those groups that tend to gravitate, frequently as a last resort, toward public assistance. Although the general chances of being poor decreased from 22.4 percent of the base population in 1959 to 12.8 percent in 1968, the incidence of poverty continued to vary widely by family status, race, and other characteristics. In 1968, for example, the proportion of family members classified as poor rose from 6.7 percent among families headed by white men to 22.9 percent among those headed by men of all other races and from 29.1 percent among families headed by white women to 58.7 percent among families headed by women of other races. The respective proportions were lower for the family heads themselves (6.3, 18.9, 25.2, and 52.9 percent) and still lower for other family members age 18 and over (5.8, 18.5, 13.1, and 32.1 percent). Yet the respective percentages were at comparatively high levels among the residual group of children under age 18 (7.8, 28.3, 44.4, and 70.4).

Though the incidence of poverty among family members registered a sharp drop from 20.3 to 11.3 percent over the period, the much higher proportion of unrelated persons age 14 and over classified as poor decreased from 46.1 to 34 percent between 1959 and 1968. As a result, their share of the total number in poverty rose from 12.5 to 18.5 percent over the period.

Income gap in 1968

Data in a recent Bureau of the Census publication on poverty in the United States from 1959 to 1968[4] indicate that the size of the income deficit of the poor (as measured by the difference between the total money income

of poor families and poor unrelated persons and their poverty thresholds) decreased from about $13.7 billion in 1959 to $9.8 billion in 1968. The average amount required to close the income gap in 1968 was about $1,276 per family and about $724 per unrelated person.

To have ended poverty in 1968 through transfer payments would have required the redistribution of about 1.8 percent of the $546.7 billion national money income aggregate. Of the $9.8 billion transfer, almost two-thirds (65.5 percent) would have been required by family members and over a third (34.5 percent) by unrelated persons. The estimated transfer of $6.4 billion to about 5 million poor families, distributed by race and sex of family head, would have been roughly this:

- $2.8 billion to 2.6 million families headed by white men, for an average (mean) of $1,096 per family.
- $1.5 billion to a million families headed by white women, for an average of $1,447 per family.
- $1 billion to 697,000 families headed by men of other races than white, for an average of $1,369 per family.
- $1.2 billion to 734,000 families headed by women of other races than white, for an average of $1,600 per family.

The estimated transfer of $3.4 billion to about 4.7 million unrelated persons, distributed by race and sex, would have been roughly as follows:

- $0.7 billion to 1 million white men, for an average of $740 per recipient.
- $2 billion to 2.8 million white women, for an average of $701 per recipient.
- $0.3 billion to 320,000 men of all other races than white, for an average of $794 per recipient.
- $0.4 billion to 525,000 women of all other races than white, for an average of $772 per recipient.

The decrease of 14.1 million, or 35.7 percent, in the number of persons living in poverty between 1959 and 1968 suggests that part of the residual poverty could be reduced through the continuation of existing efforts and arrangements, particularly under favorable economic conditions. There are indications, however, that an increasing proportion of those remaining in poverty comprises persons already relying heavily on transfer payments such as disability compensation, social security benefits, and public assistance payments and that most of them are not likely to ever be economically self-sustaining for many socially acceptable reasons. The only feasible way to remove them from poverty is to mount significantly more effective programs, adequate to the need.[5]

The outlook seems encouraging for further reduction of the incidence of poverty among employed persons and persons potentially employable, given the continuation of the 1959-68 trends such as slow population growth, expanding employment, decreases in the ratio of persons not receiving income and those who do, rising real incomes, and narrowing of income differentials by race and sex. The reduction of poverty can be speeded up by a wide variety of public and private measures, including the following: the promotion of new jobs in areas where employable persons are concentrated, for example, in certain areas of rural poverty; the development of public service work opportunities; the increased use of "sheltered employment" for marginal workers who are handicapped by physical, mental, or sociocultural conditions; the provision of more nearly adequate counseling, job training, and placement services; and the reduction or elimination of various barriers to employment, including the absence of adequate day care services and transportation.

---

[1] *The poverty-income thresholds were originally developed by the Social Security Administration on the basis of three times the cost of a "minimum diet" as defined by the U.S. Department of Agriculture. In 1968 the nonfarm poverty cutoff was established at $1,748 for one person and $3,553 for a family of four; the same thresholds were set at $1,487 and $3,034 (or 85 percent of nonfarm levels) for persons living on farms.*

[2] *U.S. Department of Commerce, Bureau of the Census,* Current Population Reports, *Series P60, No. 68, "Poverty in the United States, 1959 to 1968," Dec. 31, 1969.*

[3] *For a very revealing study of the AFDC program, see Bureau of Social Science Research, Inc.,* Welfare Policy and Its Consequences for the Recipient Population: A Study of the AFDC Program *(Washington: U.S. Government Printing Office, Dec. 1969). Prepared by the Bureau for the U.S. Department of Health, Education, and Welfare; Social and Rehabilitation Service; Office of Research, Demonstrations, and Training; Division of Intramural Research.*

[4] *Bureau of the Census,* Current Population Reports, *op. cit.*

[5] *For a study of barriers to employment among low income family heads, see* Impediments to Employment: A Reanalysis of Household Interview Studies *(New York: Greenleigh Associates, Inc., Nov. 1969). This is a study conducted for the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. It was reproduced by the Office of Research and Demonstrations, Social and Rehabilitation Service, in May 1970. See also "Effects of the Earnings Exemption Provision on AFDC Recipients," under Research Notes, pp. 18-20.*

RESEARCH NOTES

Effects of the Earnings Exemption Provision on AFDC Recipients

An Interim Research Report

HOW WELL THE EARNINGS EXEMPTION provision of the 1967 amendment to the Social Security Act has served as a work incentive to public assistance recipients is still an unanswered question, but a research study to find the answer is underway. The first phase of the study is complete. Its purpose was to establish baseline data on a recipient sample, determine whether persons in the sample were aware of the earnings exemption provisions, and provide each recipient in the study with formal information about the provision. In the second phase, just getting underway, recipients will be reinterviewed to see what effect knowing about the earnings exemption has had on their efforts to obtain and hold employment. The study is being conducted by National Analysts, Inc., of Philadelphia, under a contract with the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.

Under the earnings exemption provision of the 1967 amendment, which went into effect in July 1969, all States are required to disregard at least the first $30 a month an adult recipient of aid to families with dependent children (AFDC) earns, plus a third of his remaining earned income. In addition, the amendment provides that most work-related expenses, including the cost of child care, be "disregarded." In other words, a public assistance recipient can work full time and still retain some public assistance benefits, provided his earnings do not exceed a specified amount. However, his payment is reduced in proportion to increased earnings. Previously, in many States, the public assistance recipient lost a dollar from his payment for every dollar he earned.

THE TWO MAJOR QUESTIONS raised by the study are these: What is the work response of AFDC recipients to the exemption? and Under what conditions would the earnings exemption increase the degree of employability?

The study design includes two rounds of individual interviews with over 4,000 AFDC recipients—3,509 women in 10 cities (Chicago, Jersey City, New York, Richmond, Columbus (Ohio), San Francisco, Dallas, Indianapolis, St. Louis, and Miami) and 638 men in two cities—Camden and Los Angeles. A systematic random sample was drawn from each city's total AFDC caseload. The first interviews were conducted in the winter and spring of 1970, after the exemption had been in effect for at least 6 months. The analysis of the second phase of the study will take into account the variables of the comparative size of the public assistance grant (high, medium, or low) and the city's comparative labor market condition (good or poor).

THE PRINCIPAL FINDINGS of the first phase of the study concern demographic characteristics, knowledge of the earnings exemption, work history, barriers to employment, recipient attitudes, and personal characteristics. The information gathered on these points will be used for comparison with data gathered in phase two.

Demographic characteristics.—The racial composition of the sample varies sharply from city to city. The men in Camden are mostly Negroes; those in Los Angeles include a large percentage of Mexican-Americans. The general sample of women is primarily Negro, but New York's sample includes a large percentage of Puerto Ricans (34 percent) and Columbus' a large percentage of white women (41 percent).

The average number of persons in the men's households was 6.3; in the women's 5. The difference is due to the fact that most of the men were married and living with their wives, but only a small percentage of the women were living with their husbands (from 3 percent in Jersey City to 12 percent in Indianapolis).

Only 25 percent of the men were born in the States in which they were receiving public assistance. For the women the figures vary widely, from a large number of native-born recipients in Richmond and Dallas to a small percentage in San Francisco and New York. Migration patterns reflect a flow from the South and South Central regions northward to heavily industrialized regions relatively close to the place of birth.

Knowledge of earnings exemption.—One purpose of the initial interview was to acquaint respondents with the earnings exemption provision to make them aware of the potential benefits. Each respondent was told precisely what benefits he could receive, given his location, family situation, and various alternative wages. However, before this information was given to the respondent, an

attempt was made to measure his awareness and understanding of the earnings exemption provision. Though the questions were not designed to test knowledge specifically, the responses clearly indicate that most respondents were unaware of even the most general meaning of the provision some 6 months after it went into effect.

To a question probing awareness of the "new welfare policy" permitting work and retention of a larger portion of the public assistance check, only 16 percent of the men and 17 percent of the women indicated that they were aware of such a policy. In Chicago, the city with the most "aware" recipients, only 28 percent responded affirmatively to the question.

Work history.—Unemployed respondents were asked whether they had ever held jobs. Nearly all the men had worked at some time, as had 86 percent of the women. Almost 60 percent of the men had been employed all or most of the time, but only 33 percent of the women had the same record.

Respondents who had not worked continuously during the 3 previous years were asked to name the main obstacles to looking for a job. Men said illness (33 percent), "in school" (16 percent), and temporarily laid off (8 percent). About 16 percent were looking for jobs. Women gave personal or family sickness (46 percent), child-care problems (60 percent), and pregnancy (7 percent).

The women who had worked were accustomed to very low wages. Only slightly more than 10 percent had ever earned upwards of $400 a month. The highest average monthly earnings the men had received were $502, the women $271. Both maximum figures are still below the national average wage.

Barriers to employment.—Of the unemployed men not seeking work, 28 percent cited medical or physical problems as the reason. Of the unemployed women not seeking employment, 37 percent also cited medical or physical disability as the reason, but involvement with child care was the largest single barrier to their seeking employment.

Of all the women in the study, only 23 percent were working, but 69 percent said they could make "arrangements" to work if a good job were available, and 55 percent said they would prefer working to staying at home. Making "arrangements" entailed finding child care for 66 percent. Half the mothers who said they could not make satisfactory arrangements said inability to arrange for child care was the critical reason why they did not seek work. The importance of good child care was specifically indicated when 78 percent of the mothers not working (76 percent of the total) said that they would "very likely" (55 percent) or "quite likely" (23 percent) look for jobs if good child care were available. Part of the problem is the cost of child care: 46 percent of the mothers who were working were paying $40 or more per month for child care. Over half of all the women (54 percent) said they could rarely or never count on others to provide good child care.

Fewer than 10 percent of the women gave being enrolled in a school or a training program or expecting to be enrolled as reason for not working. In contrast, 56 percent of the men gave this reason.

Attitudes.—To the question of whether they minded being on public assistance, more women than men indicated that they accepted the status. But 98 percent of the men and 87 percent of the women said they wanted to earn more money and to be independent.

Reasons for positive attitudes toward work centered on wanting economic independence, more income, increased self-respect, and a sense of purpose. The men were particularly concerned about self-image, the women about economic needs. Attitudes favoring being on public assistance centered on the perception of barriers to employment such as limited earning ability, health, and the need to spend time with and care for children.

The recipients had mixed feelings about receiving public assistance. In general, they felt that impersonal business relationships discriminated against them and that they were powerless against institutions. Yet they felt little stigma among friends and relatives.

Personal characteristics.—The mean age for women in the sample was 34, of men 35. Age differences among cities are not great, although a large number of respondents in San Francisco were under 21 (13 percent) and in Miami and Indianapolis 50 years or older (12 percent each).

As to education, 31 percent of the women had less than high school, 46 percent had some high school, and 23 percent had completed high school or more. For men the corresponding percentages were 47, 34, and 19. The greatest exception was in San Francisco where 47 percent of the women had a high school or better education.

Almost all of the men (96 percent) were married at the time of the interview, but only 11 percent of the women—42 percent were separated and 18 percent were divorced. The largest differences among cities were in the percentages that were divorced and separated. Jersey City (8 per-

cent) and Miami (9 percent) had few divorced women but many who were separated from their husbands (58 and 53 percent). Other cities—Dallas, Indianapolis, San Francisco, and Columbus—had relatively high percentages of divorced women (26.5 percent) and relatively low percentages of separated women (34.5 percent).

AS THE EARNINGS EXEMPTION STUDY is longitudinal, the effects of the provision cannot be evaluated until phase two is completed later this year. This discussion has been presented to give background information against which the effects of the earnings exemption will be measured.

The picture presented on AFDC recipients by phase one is similar to that presented in other articles in *Welfare in Review.* Recipients would prefer independence and to hold jobs, but they face many barriers. For women, who make up the bulk of the recipients in the study, the first barrier is the unavailability of good child care.

ANDREW K. SOLARZ

Dr. Solarz is Acting Chief, Research Analysis and Utilization Branch; Division of Intramural Research; Office of Research and Demonstrations; Administration for Planning, Research, and Training; Social and Rehabilitation Service; U.S. Department of Health, Education, and Welfare.

Public Assistance in September 1970

ABOUT 12.9 MILLION PEOPLE received public assistance money payments in September 1970, an increase of 259,000, or 2 percent, from August 1970. The increase from September 1969 was 2.3 million, or more than a fifth (21.6 percent). Nearly seven of every 10 (68.8 percent) recipients were assisted under the program of aid to families with dependent children (AFDC).

The number of recipients under all programs increased in September. The number of recipients of old-age assistance (OAA) rose by 6,000 to 2,061,000; of aid to the blind (AB) by 300 to 80,500; and of aid to the permanently and totally disabled (APTD) by 9,000 to 910,000. The increase of 214,000 in AFDC recipients from August to September equaled the rise from July to August, when the increase was the largest for any single month since the program began, and brought the total to 8,873,000. About 979,000 persons received general assistance (GA) in September, up 30,000 from August.

Material for this article is based on NCSS Report A-2 (7/70): *Public Assistance July 1970;* NCSS Report A-2 (8/70): *Public Assistance August 1970;* and NCSS Report A-2 (9/70): *Public Assistance September 1970.* Copies of these reports are available from the National Center for Social Statistics, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. Washington, D.C. 20201.

MORE THAN $1.4 BILLION were expended for public assistance payments in September. Of this amount, $746 million was for money payments to recipients, up $26 million from August and $172 million from September 1969. The largest segment of money payments, $444 million, was for AFDC, up $24 million from August and $134 million from September 1969. Increases for OAA and APTD were relatively small; payments for OAA and APTD decreased slightly. Expenditures for medical assistance amounted to $469 million in September; total expenditures for the first 9 months of 1970 were $4.1 billion, 18.5 percent more than for the same months of 1969.

FIVE STATES and the Virgin Islands explained changes in payments in September when reporting data for the month:

Arkansas increased maximum payments, and average payments went up by $5-$6 in OAA, AB, and APTD and by about $2 in AFDC.

Connecticut reinstated seasonal fuel allowances for all programs, increased rates for rest and boarding homes in OAA, AB, and APTD, and added a special allowance for school clothing in AFDC. The resulting increases in the average payments per recipient were $13.35 for OAA, $17.20 for AB, $11.35 for APTD, and $2.05 for AFDC.

Massachusetts' expenditures for the month included retroactive adjustments in some payments to meet

cost of living increases that were effective in April 1970 but not made until September. AFDC payments for September included a special quarterly grant for "special needs" for October-December. But even excluding the quarterly grant, the average payment still rose by more than $9. Expenditures for "special needs" in September (apart from a flat quarterly amount for October-December) were exceptionally large and account, at least in part, for the $9 increase in average payment in September.

Michigan increased standards for AFDC with the result that the average payment per recipient went up by $6.30.

New York included in its September report vendor payments ($4.5 million) for maintenance assistance furnished for 4 months, May-August 1970, in New York City with the result that the September average AFDC payment rose sharply. However, had these expenditures been allocated to each of the 4 months covered, the average payment would have been slightly higher in each of the 4 months and considerably lower in September.

The **Virgin Islands** increased costs standards for each program and average payments per recipient increased by $6.90-$9.70.

The table shows changes from July to August and August to September 1970 and between September 1969 and September 1970.

Recent changes in public assistance: Recipients, payments, and money payments per recipient, September 1970 as compared with selected earlier months

Program	September 1970	August 1970	July 1970	September 1969
Recipients of money payments				
Old-age assistance	2,061,000	2,055,000	2,049,000	2,050,000
Aid to the blind	80,500	80,200	80,200	80,200
Aid to the permanently and totally disabled	910,000	901,000	889,000	778,000
Aid to families with dependent children:				
Families	2,332,000	2,269,000	2,206,000	1,753,000
Recipients	8,873,000	8,659,000	8,445,000	6,876,000
Children	6,498,000	6,349,000	6,204,000	5,111,000
General assistance:				
Cases	484,000	471,000	457,000	414,000
Recipients	979,000	949,000	921,000	829,000
Assistance payments (in 000's)				
Total	$1,252,721	$1,202,815	$1,219,020	$984,865
Money payments, total	746,475	720,885	698,689	574,486
Old-age assistance	156,511	154,994	152,088	148,531
Aid to the blind	8,238	8,246	8,183	7,778
Aid to the permanently and totally disabled	86,296	85,693	85,401	68,201
Aid to families with dependent children	[1] 443,840	419,918	403,350	310,264
General assistance	51,590	52,034	49,667	39,712
Medical assistance, total	469,192	447,451	489,307	386,778
Federally aided	460,695	439,612	482,017	381,631
General assistance	8,497	7,839	7,290	5,147
Emergency assistance	998	1,011	780	1,565
Payments to intermediate care facilities	36,056	33,468	30,244	22,036
Money payment per recipient				
Old-age assistance	$75.95	$75.45	$74.20	$72.45
Aid to the blind	102.35	102.80	102.05	97.00
Aid to the permanently and totally disabled	94.85	95.15	96.10	87.70
Aid to families with dependent children:				
Average per family	[1] 187.50	185.05	182.85	177.05
Average per recipient	[1] 49.30	48.50	47.75	45.10
General assistance:				
Average per case	106.50	110.45	108.75	96.05
Average per recipient	52.70	54.85	53.90	47.90

[1] *Includes $6,505,000 representing grants for special needs in Massachusetts for the quarter Oct.-Dec. 1970.*

New Publications

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on orders of 100 or more). Payment must accompany order. Single copies of unpriced publications are available from the issuing agency.

Social and Rehabilitation Service

The AFDC family in the 1960's (reprint from the Sept.-Oct. 1970 *Welfare in Review)*, National Center for Social Statistics. Report AFDC-2, 1969, 9 pp. Reports on major changes that occurred in the 1960's in families receiving assistance under the aid to families with dependent children (AFDC) program.

Assessments completed and referrals to manpower agencies by welfare agencies under work incentive program for AFDC recipients, April-June 1970, National Center for Social Statistics. Report E-5, 1970, 4 pp. and 8 tables. Presents data on the public assistance aspects of the work incentive (WIN) program.

Child care arrangements of AFDC recipients under the work incentive program as of the last day of the quarter ended June 30, 1970, National Center for Social Statistics. Report E-4, 1970, 4 pp. and 6 tables. Presents data on the child care arrangements made by mothers enrolled in the WIN program and on the number of mothers who could not be referred to the WIN program because care was not available.

Findings of the 1969 AFDC study: data by census division and selected State, Part I. demographic and program characteristics, National Center for Social Statistics. Report AFDC-3 (69), 6 pp., 45 tables and 2 appendixes. Provides information on selected demographic and program characteristics of 1.6 million families receiving AFDC in May 1969.

Guides for housing positions in welfare agencies: housing report no. 2, Community Services Administration and Office of State Merit Systems. Dec. 1970, 21 pp. Presents materials about the development of State and local specifications and job descriptions for housing positions in welfare agencies.

Public assistance—annual statistical data, calendar year 1969. National Center for Social Statistics. Report A-7, 1969, 22 pp. Presents data on payments to public assistance recipients.

Publications of the Social and Rehabilitation Service, Division of General Services. Jan. 1971, 32 pp. Lists titles, date published, and call number of all publications published by the Social and Rehabilitation Service.

Reasons for discontinuing money payments to public assistance cases, July-September 1969 and October-December 1969. National Center for Social Statistics. Report A-11, 1969, 2 pp. and 10 tables. Presents data on number of cases for which money payments were discontinued during July-Sept. 1969 and Oct.-Dec. 1969.

Toward a comprehensive service delivery system through building the community service center, Community Services Administration. 1970, 39 pp. and 25 charts. Presents a model for building a public community-based, tax-supported comprehensive system of services for the young, old, and disabled.

Toward a political definition of juvenile delinquency, Youth Development and Delinquency Prevention Administration. 1970, 17 pp. Examines the relationship between the juvenile justice system and persons affected by its decisions.

Toward housing and community improvement: housing report no. 1, Community Services Administration. 1970, 25 pp. Provides information essential to implementing the recommendations of the report "The Role of Public Welfare in Housing."

Trends in AFDC: 1965-1970 and selected annual periods, National Center for Social Statistics. 1970, 23 pp. Presents a summary of changes in the AFDC program over fiscal years 1965-70.

Social Security Administration

Current medicare survey report: distribution of SMI charges under medicare: 1967-1968, by Jacqueline Nicholson, Division of Health Insurance Studies, Office of Research and Statistics. Jan. 1971, 19 pp. Presents data on the distribution of persons in the medical insurance sample, reporting charges for services covered under the supplementary medical insurance program (SMI) for 1967 and 1968.

Health insurance for the aged: number of persons insured, July 1, 1969, by Martin Ruther, Program Statistics Branch, Office of Research and Statistics. Feb. 1971, 19 pp. Lists number of persons insured under medicare by State and type of coverage.

If you become disabled, Disability Insurance Branch. May 1970, 32 pp. Describes the social security disability provisions and how they affect a person and his family.

Public attitudes toward social security: 1939-1965, by Michael E. Schiltz. Research report no. 33, 1970, 231 pp., $1. Studies the various provisions and proposals of the Social Security Act of 1935, the degree of acceptance, and public attitudes toward poverty; includes questions asked, tables, sources, and a bibliography.

NON-GOVERNMENT

Direct inquiries and orders to the publisher or issuing agency.

Anthropological essays, by Oscar Lewis. Random House (30 W. 60th St., New York, N.Y. 10023), 1970, 523 pp., $12.95. Contains essays written over 25 years about anthropological theory and method, American Indians, rural and urban studies, and the peasants of Mexico and India.

Becoming delinquent: young offenders and the correctional process, Peter G. Garabedian and Don C. Gibbons, eds. Aldine Publishing Co. (320 W. Adams St., Chicago, Ill. 60606), 1970, 304 pp., $4.95. Discusses the social experience that occurs in the "correctional process" with juvenile offenders and its effects on their careers.

Black experience: soul, Lee Rainwater, ed. Aldine Publishing Co. (320 W. Adams St., Chicago, Ill. 60606), 1970, 186 pp., $5.95 (*Trans-action* book 7). Carries essays that explore the American Negro's concept of racial self-identification, particularly in the "space age."

Board rates for foster family care, by Lucille J. Grow and Michael J. Smith. Research Center, Child Welfare League of America, Inc. (44 E. 23d St., New York, N.Y. 10010), 1970, 25 pp., $1. Presents data on board rates and other aspects of foster family care service.

The case against hunger: a demand for a national policy, by Ernest F. Hollings. Cowles Book Co. (488 Madison Ave., New York, N.Y. 10022), 1970, 276 pp., $6.95. A U.S. Senator describes the extent, the physical and mental effects, and the politics and economics of hunger and discusses the failure of government to deal with the problem.

Clients or constituents? by Neil Gilbert. Jossey-Bass (615 Montgomery St., San Francisco, Calif. 94111), 1970, 192 pp., $7.75. Studies the effects of the development and implementation of the antipoverty movement in Pittsburgh.

Common sense about children: a parent's guide to delinquency, by Charis U. Frankenburg. Arco Publications (1-3 Upper James St., Golden Sq., London), 1970, 190 pp., $3.60. Discusses the importance of early influences on the child.

The conditions of social performance: an exploratory theory, by Cyril S. Belshaw. Schocken Books (67 Park Ave., New York, N.Y. 10016), 1970, 115 pp., $4.95. Explores the use of model-building as a means of conducting sociological and anthropological investigations.

Crime and delinquency: a reader, Carl A. Bersani, ed. The Macmillan Publishing Company (Little Essex St., London), 1970, 575 pp., $5.95. Presents a collection of theoretical, empirical, and descriptive literature on the subject of crime and delinquency.

Crisis and intervention, by Alexander Simon and others. Jossey-Bass (615 Montgomery St., San Francisco, Calif. 94111), 1970, 208 pp., $8.50. Persons in several fields discuss the cases of older men and women living in city hospitals because of serious psychiatric disturbances.

Descriptive inventories of collections in the Social Welfare History Archives Center (introduction by Clarke A. Chambers, Center director). Greenwood Publishing Corporation (51 Riverside Ave., Westport, Conn. 06880), 1970, 846 pp., $75. Describes the inventories of collections in the Social Welfare History Archives Center at the University of Minnesota, including 24 manuscript collections from such organizations as the National Florence Crittenton Mission, as well as the personal papers of such social welfare leaders as Paul Kellogg and Jacob Fisher.

Designing social service systems, by Jack C. Bloedorn and others. American Public Welfare Association (1313 E. 60th St., Chicago, Ill. 60637), 1970, 91 pp. (free). Describes a model designed to improve social service delivery systems.

The development of the infant and young child, normal and abnormal, by R. S. Illingworth (4th ed.) E. & S. Livingstone, Ltd. (15-17 Teviot Pl., London), 1970, 382 pp., 42s (about $5.04). Emphasizes the need to consider prenatal, perinatal, and environmental influences in a child's development.

General Assistance

Characteristics of General Assistance in the United States. Assistance Payments Administration, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. 1970, 121 pp., $1.25. (Purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.)

DESPITE THE WIDE COVERAGE of the Federal-State public assistance programs, there are persons in need who cannot qualify for help under them or need help before a determination of eligibility can be made. Such persons can often turn temporarily to the "general assistance" programs supported from State and local funds. Though their number is modest compared to the number of persons receiving aid under the Federal-State public assistance programs, general assistance recipients average well over 900,000 persons a month. (See "Public Assistance in September 1970," pp 20-21).

The programs through which such persons are helped is the subject of *Characteristics of General Assistance in the United States.* A revised edition of a publication first issued in 1959, *Characteristics of General Assistance* contains data about the 50 States, the District of Columbia, Puerto Rico, Guam (not included in the 1959 edition), and the Virgin Islands. In all 20 characteristics of each State program are covered. The data are broken down by general description, conditions of eligibility, standards of assistance and payment, administration, and other aid from public funds, including the Federal food programs. The publication begins with a section describing the terms used in general assistance such as standards of assistance, limitations on payment, and method of providing assistance and concludes with a summary of the characteristics.

The principal changes in the program since 1959 are brought to light in the summary. The most pronounced of these center on *durational residence* as an eligibility requirement (that is, aid is given only to persons who have lived in the State or a locality a certain length of time). In 1959, 40 States had such a requirement; in December 1969 only 16. Twenty other States require the applicant to be a State or local resident at the time of application, but 14 of them specify exceptions for short-term or emergency assistance to nonresidents.

As in the past, most States (38 in 1969) say that general assistance is available to meet any kind of family or individual needs. All States provide general assistance for emergency needs (supplementation of foster care with clothing and medical care, to give one example) and a few more (16 in 1969; 12 in 1959) now specify that general assistance is provided temporarily for emergency needs. As in 1959, over half the States (32 in 1969) report that general assistance is available to persons or families whether or not the applicant or another person in the family is employable, though 10 of them limit aid to short-term or emergency situations.

The 1970 edition carries four items about characteristics not included in the earlier edition: hearings and appeals; responsibility of relative to support; miscellaneous conditions of eligibility such as eligibility of Indians living on or off reservations; and the availability of food stamps through the Food Stamp Plan (Federal food program).

Characteristics of General Assistance in the United States was prepared by the State Program Characteristics Branch, Assistance Payments Administration, Social and Rehabilitation Service. It is available by purchase from the Government Printing Office, as indicated in the identifying boxhead. Single copies will be available for a short time without charge from the Publication Distribution Unit, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201 (Room 115B South Building).

Families in crisis, Paul H. Glasser and Lois N. Glasser, eds. Harper & Row Publishers (49 E. 33d St., New York, N.Y. 10016), 1970, 405 pp., $5.95. Presents readings about three problems in the family: poverty, disorganization, and physical and mental illness.

The human be-in, by Helen W. Perry. Basic Books, Inc. (404 Park Ave., So., New York, N.Y. 10016), 1970, 244 pp., $6.95. A "middle-aged, middle-class professional woman" describes how 11 months at Haight-Asbury changed her values.

Insanity and idiocy in Massachusetts: report of the commission on lunacy, 1855, by Edward Jarvis. Harvard University Press (79 Garden St., Cambridge, Mass. 02138), 1971, 228 pp., $9. Provides a detailed history of mental illness, mental hospitals, psychiatry, and public policy in the United States during the first half of the 19th century.

The Jewish family in a changing world, Gilbert S. Rosenthal, ed. Thomas Yoseloff, Ltd. (18 Charing Cross Rd., London), 1970, 367 pp., $6.95. Presents studies by leading rabbis and social scientists about what is happening to the Jewish community and family.

Legislative history of the aid to dependent children, by Paul DeForest and others. Bureau of Social Science Research, Inc. (1200 17th St., N.W., Washington, D.C. 20036), 1970, 294 pp., $5. Describes chronologically the development of the aid to families with dependent children (AFDC) program within the structure of the Social Security Act.

Opportunity and the family, by John H. Scanzoni. The Free Press of Glencoe (60 5th Ave., New York, N.Y. 10011), 1970, 247 pp., $6.95. Studies the family in relation to economic opportunities, making the point that the family's status depends on the occupation of the husband-father.

Parental attitudes toward exceptional children, by Harold D. Love. Charles C. Thomas (301 Lawrence Ave., Springfield, Ill. 62703), 1970, 167 pp., $9.50. Describes how to analyze parental attitudes and how to counsel the parents of exceptional children.

The police and the underprotected child, by C. J. Flammang. Charles C. Thomas (301 Lawrence Ave., Springfield, Ill. 62703), 1970, 310 pp., $11.75. Aimed at giving the police the most current and refined information about child abuse and neglect, possible community action, the judicial process, and the like.

The population problem, by Arthur McCormack. Thomas Y. Crowell Publisher (201 Park Ave., So., New York, N.Y. 10003), 1970, 264 pp., $7.95. Offers facts on population and discusses the questions of food supply, population control, and the effect of population growth on economic development, labor, education, and housing.

Public welfare: from here to where? Cook County Department of Public Aid (318 W. Adams St., Chicago, Ill. 60606), 1970, 46 pp., (free). Discusses the need for revisions in public welfare programs to meet current demands.

Rosa: the life of an Italian immigrant, by Marie Hall Ets. University of Minnesota Press (2037 University Ave., S.E., Minneapolis, Minn. 55455), 1970, 254 pp., $7.50. Biographical account of a woman who came to the United States during the 19th century wave of immigration from Italy.

The runaway generation, by Bibi Wein. David McKay Co. (750 3d Ave., New York, N.Y. 10017), 1970, 309 pp., $6.95. Offers a study based on interviews with young people in different parts of the country concerning attitudes toward school, personal experience, religion, politics, "culture" sex, and parents.

The shortage of skilled and technical workers: an inquiry into selected occupations in short supply, by Walter Franke and Irvin Sobel. D.C. Heath & Co. (125 Spring St., Lexington, Mass. 02173), 1970, 391 pp., $15. Describes influences affecting the supply of engineering technicians and the medical professions and industrial occupations in Chicago and St. Louis and discusses counseling, guidance, recruitment, training, and other pertinent subjects.

The six-year experience of unwed mothers as parents, by Mignon Sauber and Eileen M. Corrigan. Community Council of Greater New York (225 Park Ave., So., New York, N.Y. 10003), 1970, 177 pp., $5. Reports on the results of interviews with over 200 young unwed mothers who kept their children; the interviews were conducted when the children were nearing school age.

The social sources of adjustment to blindness, by Irving F. Lukoff and Martin Whiteman. American Foundation for the Blind (15 W. 16th St., New York, N.Y. 10011), 1970, 291 pp., $3.25. Answers questions about the social influences that affect the blind person's ability to adapt to his environment.

Social stress and chronic illness: mortality patterns in industrial society, by David L. Dodge and Walter T. Martin. University of Notre Dame Press (Notre Dame, Ind. 46556), 1970, 331 pp., $9.95. Reports on a study arguing that today's chronic diseases are linked to the stress characterizing technological society.

Social relationships, by George J. McCall and others. Aldine Publishing Co. (320 W. Adams St., Chicago, Ill. 60606), 1970, 193 pp., $7.95. Presents essays on voluntary personal relationships that explore the wide range of possible interactions.

Social welfare forum: 1970 National Conference on Social Welfare. Columbia University Press (440 W. 110th St., New York, N.Y. 10025), 1970, 237 pp., $7.50. Contains papers presented by leaders in the social welfare field at the National Conference on Social Welfare, May 1970, including one on the Family Assistance Plan by John D. Twiname, Administrator, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.

Social work practice, 1970. Columbia University Press (440 W. 110th St., New York, N.Y. 10025), 1970, 207 pp., $7.50. Contains papers presented at the National Conference on Social Welfare, May 1970.

The sociology of health: an introduction, by Robert N. Wilson. Random House (30 W. 60th St., New York, N.Y. 10023), 1970, 134 pp., $2.50. Discusses patient-doctor relations, the health professions, and medical institutions.

Sociological work: method and substance, by Howard S. Becker. Aldine Publishing Co. (320 W. Adams St., Chicago, Ill. 60606), 1970, 358 pp., $11.75. Discusses problems of method, educational organization and experience, and social psychological theories.

A student's guide to geriatrics, by Trevor H. Howell. (2d ed.) Charles C. Thomas (301 Lawrence Ave., Springfield, Ill. 62703), 1970, 212 pp., 45 cents. In addition to a discussion of the physical problems of old age, contains a section on community organizations formed to help elderly patients.

Urban community hospital in transition. Graduate Program in Hospital Administration and Center for Health Administration Studies. University of Chicago Press (5720 Woodlawn Ave., Chicago, Ill. 60637), 1970, 83 pp., $3.50. Contains papers presented at the Twelfth Annual Symposium on Hospital Affairs, Apr. 1970.

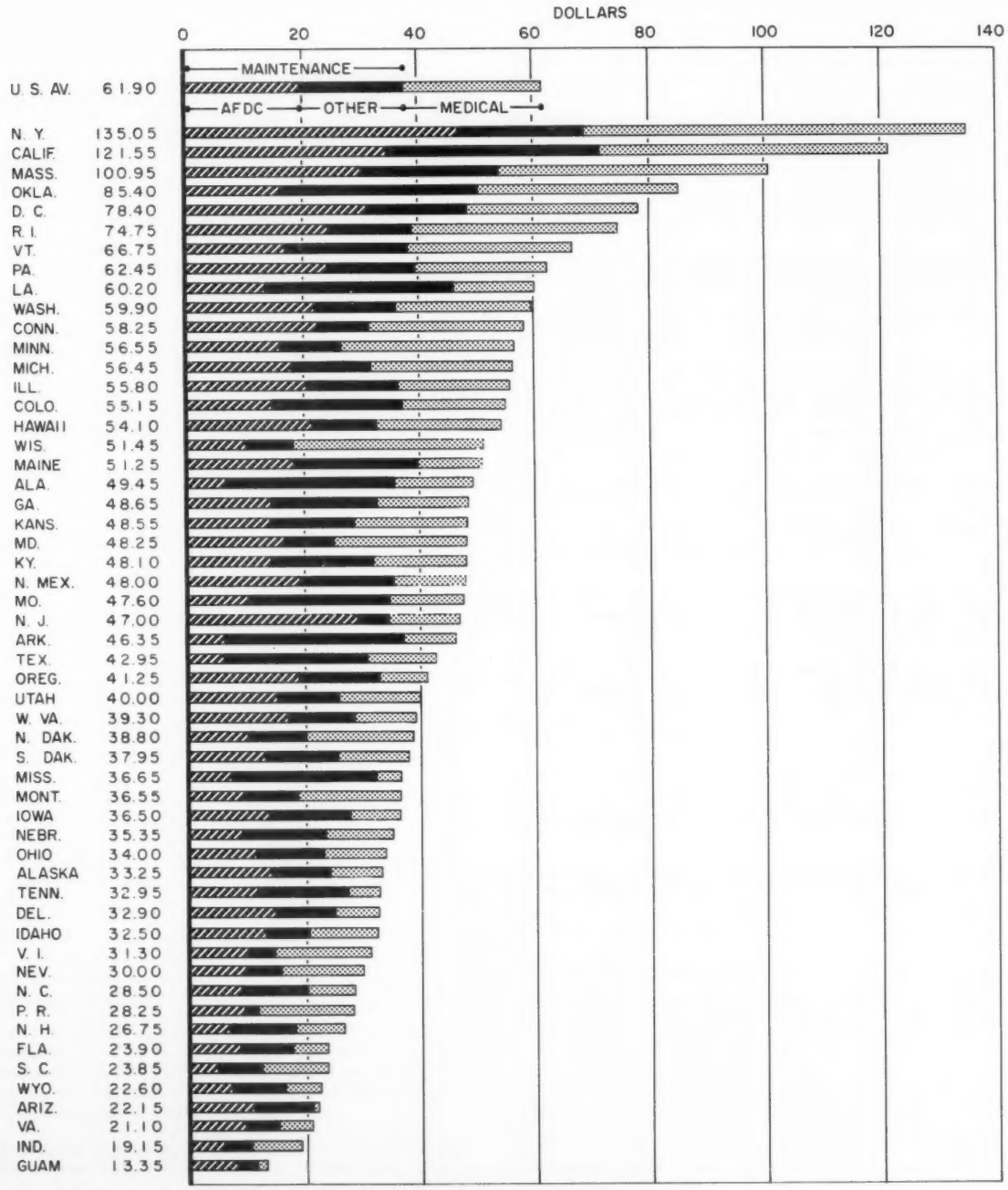
Violence against children: physical child abuse in the United States, by David G. Gil. Harvard University Press (79 Garden St., Cambridge, Mass. 02138), 1970, 204 pp., $6.50. Analyzes studies of child abuse in an attempt to determine the social and cultural forces with which violence against children is associated.

Vocational rehabilitation for the disadvantaged: an economic and sociological evaluation, by Charles M. Grigg and others. D.C. Heath (125 Spring St., Lexington, Mass. 02173), 1970, 275 pp., $12.50. Considers aspects affecting rehabilitation such as types of disability and sex and race-ethnic group and discusses the costs and benefits of rehabilitation programs.

White fields for harvest, Aaron C. Butler, ed. Herald Publishing House (3225 So. Noland Rd., Box 1019, Independence, Mo. 64051), 1970, 442 pp., $8.95. Describes how social welfare programs are implemented in communities, stressing the individualization of assistance.

Whitetown, U. S. A., by Peter Binzen. Random House (30 W. 60th St., New York, N.Y. 10023), 1970, 305 pp., $6.95. Reports on a study of how the "forgotten Americans," lower middle class white persons, live and work.

AMOUNT EXPENDED PER INHABITANT 1/ FOR PUBLIC ASSISTANCE PAYMENTS, FISCAL YEAR ENDED JUNE 30, 1970



1/ BUREAU OF THE CENSUS, 1970 CENSUS OF POPULATION REPORT, PC(VI)-1.

HEW-SRS-PS&DS-NCSS No. 3

(TABLE ON REVERSE SIDE)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1971 435-473/5

Amount expended per inhabitant 1/ for public assistance payments, fiscal year ended June 30, 1970

State	Total	Money payments							Payments to intermediate care facilities	Payments to medical vendors
		Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance	Emergency assistance		
Total	$61.90	$36.05	$8.85	$0.45	$4.30	$19.75	$2.65	$0.05	$1.55	$24.30
Alabama	49.45	35.75	25.60	.45	3.10	6.60	(2/)	---	.20	13.50
Alaska	33.25	24.40	5.80	.45	3.30	14.10	.50	.30	---	8.80
Arizona	22.15	21.20	6.10	.30	3.30	11.00	.55	---	---	.95
Arkansas	46.35	32.50	20.95	.80	4.50	6.20	.02	.02	5.00	8.90
California	121.55	71.85	20.85	1.25	12.90	34.65	2.20	---	---	49.75
Colorado	55.15	32.85	14.20	.10	3.50	14.70	.40	---	4.55	17.80
Connecticut	58.25	31.45	3.00	.10	3.00	22.45	3/ 2.95	---	---	26.75
Delaware	32.90	25.10	3.40	.75	2.90	14.90	3.10	---	---	7.80
District of Columbia	78.40	47.25	3.90	.30	8.20	31.30	2.80	.75	1.45	29.65
Florida	23.90	17.55	6.00	.25	2.30	8.55	3/ .45	---	.15	6.20
Georgia	48.65	32.60	12.20	.55	5.10	14.55	.20	---	.20	15.85
Guam	13.35	11.70	2.20	.05	.45	8.15	.85	---	---	1.65
Hawaii	54.10	32.70	3.10	.10	3.40	21.50	4.60	---	---	21.35
Idaho	32.50	20.70	3.75	.15	3.65	13.15	(4/)	---	---	11.85
Illinois	55.80	32.10	3.00	.15	4.10	20.55	4.30	(2/)	4.40	19.25
Indiana	19.15	8.55	1.95	.20	.60	5.80	(4/)	---	1.95	8.60
Iowa	36.50	27.90	11.10	.60	1.70	13.90	3/ .65	---	---	8.60
Kansas	48.55	24.90	5.85	.15	3.00	14.25	1.65	.02	4.05	19.60
Kentucky	48.10	32.10	12.85	.55	4.20	14.45	(4/)	---	---	16.00
Louisiana	60.20	46.25	26.95	.60	3.90	13.60	1.25	---	.10	13.85
Maine	51.25	31.75	7.75	.25	3.90	18.45	1.35	---	8.10	11.40
Maryland	48.25	24.40	1.65	.10	4.05	16.60	1.70	.40	1.00	22.85
Massachusetts	100.95	50.00	10.00	.85	3.85	30.35	4.60	.35	4.15	46.75
Michigan	56.45	29.65	3.70	.20	3.25	18.05	4.25	.20	2.25	24.55
Minnesota	56.55	26.65	4.95	.25	2.85	16.10	2.50	---	.15	29.75
Mississippi	36.65	32.45	18.00	.65	6.40	7.30	3/ .15	---	---	4.25
Missouri	47.60	34.80	18.05	.75	3.60	10.45	1.95	---	---	12.80
Montana	36.55	17.40	4.05	.30	2.80	9.35	.85	---	1.35	17.80
Nebraska	35.35	15.30	3.70	.25	2.20	9.00	(4/)	.10	8.40	11.65
Nevada	30.00	15.55	5.55	.40	(5/)	9.60	(4/)	---	.30	14.10
New Hampshire	26.75	18.20	8.45	.45	1.40	6.80	1.10	---	---	8.50
New Jersey	47.00	34.70	2.05	.15	2.00	29.25	1.25	---	---	12.30
New Mexico	48.00	32.50	6.10	.30	6.60	19.25	.15	.05	3.05	12.45
New York	135.05	68.85	6.45	.30	5.40	47.10	9.45	.15	.15	66.05
North Carolina	28.50	20.45	5.90	.90	4.65	8.80	.15	---	---	8.10
North Dakota	38.80	20.20	6.20	.15	3.55	10.10	.20	---	---	18.60
Ohio	34.00	21.05	3.80	.20	2.40	11.55	3.10	---	2.25	10.75
Oklahoma	85.40	50.70	24.45	.65	9.15	16.20	.10	.15	---	34.65
Oregon	41.25	26.30	2.70	.30	2.70	19.05	1.10	.40	6.85	8.10
Pennsylvania	62.45	39.65	4.60	1.00	2.70	24.40	6.95	---	---	22.80
Puerto Rico	28.25	11.70	1.25	.05	.85	9.40	.10	---	---	16.55
Rhode Island	74.75	36.05	2.45	.10	3.85	24.65	4.35	.60	3.05	35.70
South Carolina	23.85	12.20	4.25	.55	2.55	4.60	.20	---	.15	11.50
South Dakota	37.95	19.80	4.65	.15	1.60	13.15	.20	---	6.05	12.10
Tennessee	32.95	25.25	8.25	.40	4.85	11.60	3/ .15	---	2.10	5.60
Texas	42.95	23.75	15.55	.35	1.50	6.10	3/ .30	---	7.20	11.95
Utah	40.00	22.85	2.15	.15	4.15	15.45	.95	.02	3.20	14.00
Vermont	66.75	32.75	8.75	.25	4.70	17.25	1.45	.40	5.65	28.30
Virgin Islands	31.30	14.65	2.60	.05	.50	10.00	1.50	---	---	16.65
Virginia	21.10	14.20	1.90	.20	1.45	9.65	1.00	---	1.10	5.80
Washington	59.90	35.00	5.50	.15	4.80	22.05	2.30	.20	1.10	23.80
West Virginia	39.30	28.55	6.20	.25	3.60	17.35	1.10	.05	---	10.70
Wisconsin	51.45	18.25	4.50	.15	1.50	10.25	1.80	.10	---	33.20
Wyoming	22.60	13.65	3.65	.10	1.90	7.40	.35	.30	2.80	6.10

1/ Bureau of the Census, 1970 Census of Population Report, PC (V1)-1.
2/ Less than $0.005.
3/ Estimated.
4/ Not reported.
5/ No program.

(CHART ON REVERSE SIDE)

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
WASHINGTON, D.C. 20201

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF H.E.W

OFFICIAL BUSINESS

JANUARY-FEBRUARY 1971
Volume 9—Number 1

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service